# DEPARTMENT OF SOCIAL SERVICES



January 7, 1983

ALL-COUNTY LETTER NO. 83-03

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: NOTICE OF ACTION (FORM NA991) REVISION

REFERENCE: ALL-COUNTY LETTER NO. 82-24; ALL-COUNTY LETTER NO. 82-85

This letter is being issued to transmit <u>revised</u> Notice of Action (Form NA991 (11/82) RCA, ECA, MC-Decrease/Expiration (time-expiration)) in camera-ready format.

# Reason for Revision

Changes to the financial computation section of Form NA991 (3/82) are necessary as a result of a July 29, 1982 U.S. District Court Order in <u>Turner vs. Woods</u>. The court found that in the AFDC Program mandatory deductions do not constitute income and must be excluded from gross earned income prior to the application of other disregards.

### Additional Information

Recipients of Refugee Cash Assistance (RCA) and Entrant Cash Assistance (ECA) are affected by the results in <u>Turner vs. Woods</u>, as aid computation procedures for the AFDC Program, with the exception of the \$30 and one-third earned income disregard, are applicable to the RCA and ECA components of the Refugee Resettlement Program and Cuban/Haitian Entrant Program.

For Medi-Cal purposes, the county should continue to follow the procedures outlined in the Department of Health Services' Medi-Cal Eligibility Manual, Section 2F and the Department of Social Services' All-County Letter No. 82-24. The above-mentioned July 29, 1982 court order does not affect the Medi-Cal Program. The only eligible factor for receipt of cash-based Medi-Cal is receipt of RCA/ECA.

For Food Stamp purposes, the county should continue to follow the procedures outlined in the Food Stamp Manual, Division 63 of the DSS' Manual of Policy and Procedures. As with the Medi-Cal Program, the order in <u>Turner</u> vs. <u>Woods</u> does not affect the Food Stamp Program.

A camera-ready copy of Form NA991 (11/82) is attached. Counties should destroy existing stocks of Form NA991 (3/82). A supply of the form will be available from the State Warehouse in approximately two weeks. In the meantime, reproduce the form locally using the attached camera copy. The effective date of the revised cash grant computation addressed in All-County Letter 82-85 is to be applied to both RCA and ECA cases; therefore, if any RCA or ECA cases were adversely affected be the use of Form NA991 (3/82) beginning in the month of September 1982, retroactive benefits shall be applied.

Questions regarding RCA or ECA should be directed to your CWD Operations Bureau Consultant in the Office of Refugee Services at (916) 322-3141 or (415) 557-8588, as appropriate. Questions regarding Medi-Cal should be directed to your Medi-Cal Program Consultant at (916) 445-1912. Questions regarding the Food Stamp Program should be directed to your Food Stamp Program Consultant at (916) 322-5475. Questions regarding other language translations should be directed to the SDSS Language Services Unit at (916) 323-9562.

Sincerely,

R. E. REICH

Chief Deputy Director

Attachment

cc. CWDA

ORR-SF

# **Notice of Action**

It you have questions or want more information about this notice, please contact your worker.

Case Name: Case Number: Worker:

Phone:

Date:

	the Refugee Resettlement Program or Cuba			
based on the number of persons in your hot	schold, and the following persons will be discor Persons:	ntinued fro	m cash assis	stance and cash
	Net Nonexempt Income Computation	Name	Name	Name
	t vi Europi II o oo	<del></del>		
	Total Farned Income  Inc. Tax. Soc. Sec. and Disab. Ins.			
Computation Of Monthly Aid Payment	Standard Work Expense Disregard			
, , , , , , , , , , , , , , , , , , ,	Dependent Care Expense Disregard			
Maximum Aid Payment for Persons	Subtotal =			
Special Needs (Specify)+	Other Countable Income+			
N. N	,			
Net Nonexempt Income  Total Grant 5	Court Ordered Child Spousal Support Paid			
Overpayment Adjustment (see page)	• Net Nonexempt Income =			
Monthly Aid Payment	or Net Nonexempt Income Total (columns I +	2 + 3)		
	in the second se	,		
Your monthly aid payment and cash be Haitian Entrant Program will be discontinued	ised Medi-Cal received under the Refugee effective	Resettleme	ent Program	m or Cuban
☐ You will receive a separate Notice of Medi-Ca	I-Only eligibility.			
Other Medi-Cal Action:				
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#### Reason:

These changes are required by Federal regulations which limit refugee/entrant aid payments and cash based Medi-Cal eligibility to 18 months from the person's month and year of entry into the United States. It has been determined from a review of immigration documents that you or the persons named above will have exceeded this period of eligibility on the effective date shown above.

## Laws requiring this action:

Section 412 of the Refugee Act of 1980 (Public Law 96-212) or Section 501 of the Refugee Education Assistance Act of 1980 (Public Law 96-422), as implemented by 45 CFR parts 400 and 401; 45 CFR 205.10; California Administrative Code Title 22, Sections 50183(a)(3) and 50227.

#### Comments:

You or the persons discontinued may be eligible for further public assistance through other aid programs. Please contact your county welfare department for more information. Refugees: Entrants receiving aid payments under the AFDC Program are not affected by this notice or the 18-month eligibility limit.

State welfare regulations are available for review at the local office of the county welfare department.

Information about family planning services is available from the county welfare department on request.

State Hearing, If you are dissatisfied with this action, your aid may continue unchanged if you ask for a State Hearing before the effective date of the action. Read the back for important information about your right to appeal this action.

# Nour Right to Appeal This Action

How to Request a State Hearing

The best way to request a hearing is to fill in and send this entire notice to:

Office of the Chief Referee State Department of Social Services 744 P Street, Mail Station 6-100 Secramento, CA 95814

You may also request a hearing by calling the toll-free number of Public Inquiry and Response.

Public Inquiry and Response (Public Information) Toll-Free Mumber: (800) 952-5253\*

For the Deat Only\* TDD (800) 952-8349

"You may have to dial "1" first.

The State Public Inquiry and Response Unit can provide you with further information about your hearing rights or files or other welfare-related matters. Assistance is also available in some languages other than English, including Spanish. You may phone, write or come in.

Public Inquiry and Response State Department of Social Services 744 P Street, Mail Station 16-23 Sacramento, CA 95814

If you are dissatisfied with the action described on the other side, or any other county action, you may request a state hearing before a Hearing Officer of the State Department of Social Services. This hearing will be conducted in an informal manner to assure that everyone present is able to speak freely. Your county worker can help you request a hearing. If you decide to request a hearing you must do so within 90 DAYS OF THE MAILING DATE OF THIS NOTICE.

FOOD STAMPS† AND CASH GRANT: If this action stops or reduces your food stamps or cash grant and you ask for a hearing before the effective date of the action, your benefits may continue unchanged until you receive your hearing decision. Food Stamps until you receive your hearing decision. Food Stamps will not continue past the end of your current certification period.

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You can represent yourself at the state hearing. You can also be represented by a friend, attorney or any other person, but you are expected to arrange for the representative yourself. You can get help in locating free legal assistance by calling the toll-free number of Public Inquiry and Response.

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hed to be an overlasuance, the rou may check the box below: decision. If the hearing decision	y of such an everissuance, y the county until the hearing	tilidiesog odt blove of fr	verissuance. If you we	er the value of the ov od stamps terminated	county may recov
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nterpreter at no cost to you.)	The state will provide the	rpreter for my hearing.	ami ne been bne dailg	guage other than En	T I speak a lar
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do so by contacting Public Inquiry and Response. Any information you provide may be shared with the county welfare department, with the U.S. Department of Health and Human Services, or the U.S. Department of Agriculture. Authority W&IC 10950.

The information you provide on this form is needed to process your request for a hearing, and processing may be delayed if your request is incomplete. A case file will be set up by the Chief Referee. You have a right to examine the materials that make up the file and may